

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Amend name on Class C Taxi Certificate

**Current Name: Domonick Blake DBA Friendly
Fares**

RECEIVED

NOV 27 2012

PSC SC
MAIL / DMS

(Please type or print)

Submitted by: Friendly Fares LLC

Address: 2625 S. Allen Dr.
Ne Charleston, S.C. 29405

Telephone: 843-270-3256

Fax: _____

Other: _____

Email: Domonickblake@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

OFFICE OF REGULATORY STAFF
RECEIVED
NOV 30 2012

COPY

Posted: led

By: SA/ORS

Date: 11/27/12

Time: 10:38

☒ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

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PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: OCTOBER 25, 2012

I have the following Certificate:

☒ Class C Taxi # 8325 ☐ Class C Charter # ☐ Class C Charter Bus #
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: DOMONICK BLAKE DBA: FRIENDLY FARES
(Current Name) (Current DBA if applicable)

TO: FRIENDLY FARES, LLC DBA: N/A
(New Name) (New DBA if applicable)

☒ **Scope of Authority**
From: To:
(Current Scope) (New Scope)

☐ **Passenger Limit**
From: To:
(Current Limit Number) (New Limit Number)

FRIENDLY FARES, LLC
Name & DBA if DBA is applicable)

2125 S. ALLEN DR.
(Street and/or Mailing Address)

N. Charles, S.C. 29405
(City, State, Zip Code)

Domonick Blake
(Signature)

843-270-3250
(Telephone Number)

OWNER
(Title) Owner, President, etc.

The State of South Carolina



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NOV 26 2012

**ORS
T,T,W,W/W**

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FRIENDLY FARES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 3rd, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
21st day of November, 2012.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

RECEIVED
(herein after called Agency)

Filed with South Carolina Department of Motor Vehicles
(Name of Agency)

OCT 23 2012

This is to certify that the American Service Insurance Company
(Name of Company)
(herein after called Company) of 150 Northwest Point Blvd, Elk Grove Village, IL, 60007
(Home Address of Company)

ORS
T.T.W./W

has issued to FRIENDLY FARES, LLC of 2625 S. ALLEN DR. N. CHARLESTON, SC, 29405
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of Insurance effective from 09/28/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 150 Northwest Point Blvd IL 60007 This 24th day of Oct 20 12
Elk Grove Village (Address) (Day) (Month) (Year)

Insurance Company File No. SC100000000800
(Policy No)

Bruce Giles
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :75,000.00